

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-050362

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JAN 3 1964

## 1. PLACE OF DEATH

a. COUNTY

ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)

JEFFERSON BARRACKS

Length of stay in 1b

6 DAYS

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR VETERANS ADMINISTRATION  
INSTITUTION HOSPITAL

Inside Limits

Yes ☒ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE ST. LOUIS b. COUNTY ST. LOUIS

c. CITY OR TOWN ST. LOUIS

Inside Limits

Yes ☒ No ☒

d. STREET ADDRESS (If outside, give location)

2723 NORTH HANLEY ROAD

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

WALTER

NORBERT

RYAN

## 4. DATE OF DEATH

Month Day Year

DECEMBER 16, 1963

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

6-6-93

## 9. AGE (last birthday)

70

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

AGENT

## 10b. KIND OF BUSINESS OR INDUSTRY

INTERNAL REVENUE

## 11. BIRTHPLACE (City and state or country)

ST. LOUIS, MISSOURI

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

JOHN F. RYAN

## 13b. MOTHER'S MAIDEN NAME

MARGARET HUGHES

## 14. NAME OF HUSBAND OR WIFE

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of)

YES

WW-I

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Walter D. Ryan, 30 LaVenta, Florissant, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c))

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

SEVERE PNEUMONIA

## INTERVAL BETWEEN ONSET AND DEATH

1 WEEK

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

UNKNOWN MICRO ORGANISM

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

GENERALIZED ARTERIOSCLEROSIS

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from 12-10-63

to 12-16-63

and last saw him alive on

Death occurred at 8:30 AM

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

12/19/63

## 23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

## 23d. LOCATION (City, town, or county)

Jefferson Barracks Mo.

(State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Collier Mortuary, St. Ann, Mo.

## 25. DATE RECD. BY LOCAL REG.

12-17-63

## 26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

STATE OF MISSOURI

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Sheldon Collier*

Licensed Embalmer No. 3382

P. O. Address St. Ann Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.